



M.A.C.M.

MEMBERSHIP APPLICATION FORM

Company Name	
Street Address	
City	
Postal Code	
Representative	
ID Card Number	
Phone	
Extension	
Fax	
Mobile	
Email Address	

Business Details

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Distributor	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Other
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Industry Sector

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Company Reg.	
Vat Number	
Year Established	
Turnover p.a.	
Managing Director	
No of Employees	

Declaration

I certify that the statements made in this application are correct, to the best of my knowledge and belief, and that, if admitted to membership; I agree to be governed by the rules of the Malta Association of Credit Management as they are and as they may, hereafter, be altered.

I enclose the membership fee of €_____ required to process this application. Cheques are to be made payable to: **Malta Association of Credit Management**.

The Council reserves the right to refuse any application, and any cheques for subscriptions will be returned to the applicant.

Signature/s: _____ Designation/s _____

Date: _____

MACM 86/2, Triq ta' Mellu, Mosta MST 3785
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